Group 3
Breakout Group Guide
Linkage to Care; Retention in Care; and Special Populations
JIPRT Meeting, January 21, 2025

1. Introductions - Get to know your group!
2. Designate a person to report during the Breakouts Recap.
3. On each handout, review the NHAS Goal --> Objective --> Strategy --> Activity --> Measurement --> Data
4. Consider some questions to guide discussions:
    a. What is our data source?
    b. Who is responsible for achieving the Objectives?
    c. What is the target?
    d. Are we on track to achieve the target by December 31, 2026?
    e. What challenges are keeping us from achieving our targets?
    f. What can we do to improve our outcomes?
    g. Where are we having success and how can we ensure we stay on track?
    h. Should we adjust our target?
5. What overall impressions do you want to report to the JIPRT during Breakouts Recap?

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Acronyms and Terminology

- AHRQ: Agency for Healthcare Research and Quality
- B/AA: Black/African American
- EHE: Ending the HIV Epidemic
- EMA: Eligible Metropolitan Area; locally, Miami-Dade County
- Hispanic: Includes persons who identify as Latina, Latino, and Latinx
- JIPRT: Joint Integrated Plan Review Team - Miami Dad HIV/AIDS Partnership Prevention and Strategic Planning Committees
- MAI: Minority AIDS Initiative
- MCM: Medical Case Management or Medical Case Manager
- MSM: Gay, bisexual, and other men who have sex with men
- NHAS: National HIV/AIDS Strategy
- OAHS: Outpatient/Ambulatory Health Services (doctor visits)
- PE Miami: Provide Enterprise® (RWP client database)
- RiMC: Retention in Medical Care or Retained in Medical Care; defined as two or more instances of a billed medical visit, copay, or Viral Load lab test, reported at least 90 days apart in the measurement period
- RWHAP or RWP: Ryan White HIV/AIDS Program - Part A/MAI, unless otherwise noted
- STI: Sexually Transmitted Infection
- TTRA: Test and Treat / Rapid Access (local “rapid start” project)
- VL: Viral Load: VL Suppression is defined as having less than 200 copies of HIV per milliliter of blood in the most recent test

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

Strategy L1.1: Expand capacity and access to local TTRA.

Activity 2.1.3: Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., B/AA, Hispanic, and MSM.

Measurement 2.1.3.1
No. and listing of specific campaign for information dissemination to newly identified positive people with HIV.

Reporting Period	Campaigns	Target
January 1, 2022 – June 30, 2022	0	In Progress
July 1, 2022 – December 31, 2022	0	In Progress
January 1, 2023 – June 30, 2023	1	On Target
January 2025 Update	One campaign: “Let’s Link Up”	On Target

TARGET = 1
December 31, 2026

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

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Strategy L1.1: Expand capacity and access to local TTRA.

Activity 2.1.3: Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., B/AA, Hispanic, and MSM.

Measurement 2.1.3.2
No. of trilingual (English, Spanish, and Creole) ~~brochures~~ educational folders designed for these specific campaigns.

Reporting Period	Brochures Designed	Target
January 1, 2022 – June 30, 2022	0	In Progress
July 1, 2022 – December 31, 2022	0	In Progress
January 1, 2023 – June 30, 2023	2 Total • 1 targeted towards clients • 1 targeted toward providers	On Target
January 2025 Update	**1,156 HIV educational folders** provided to EHE Quick Connect and TTRA testing sites	On Target

TARGET = 2
December 31, 2026

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

Strategy: Expand capacity and access to local TTRA.

Activity 2.1.3: Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., B/AA, Hispanic, and MSM.

BASELINE

January 1, 2022

0

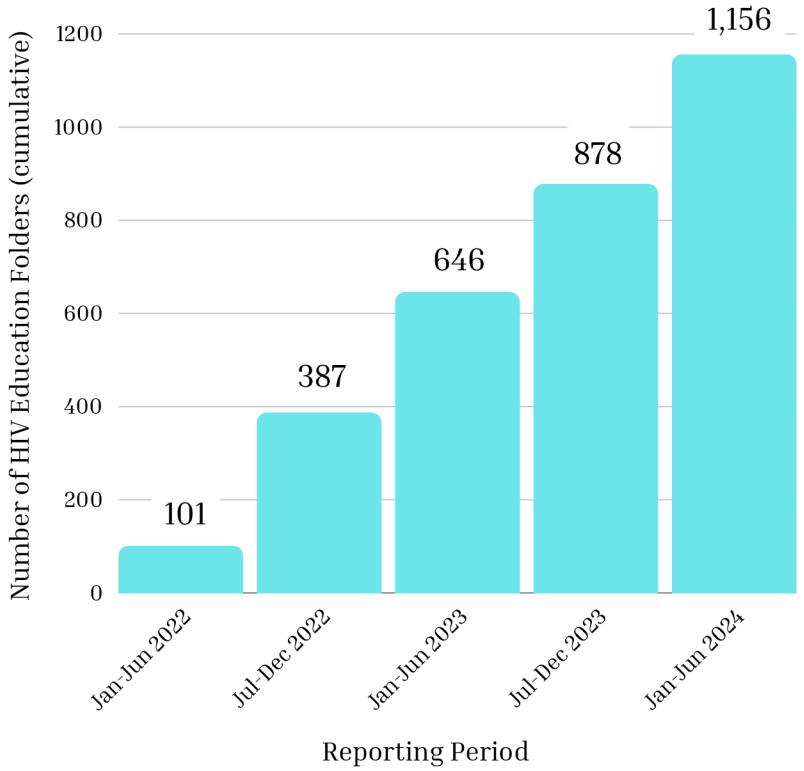
HIV Education Folders

EHE Quick Connect

- Expanding TTRA protocol to ensure access to medical care and antiretroviral therapy (ART) within 7 days.
- Educating providers on HIV treatment guidelines, the benefits of routinized opt-out HIV testing at hospitals and clinics.
- Engaging the community in HIV testing through social marketing and media campaigns throughout the county.

Measurement 2.1.3.3

No. of HIV education folders provided to EHE Quick Connect and TTRA testing sites.



TARGET

December 31, 2026

2000

HIV Education Folders

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

Strategy: Expand capacity and access to local TTRA.

Activity 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE

January 1, 2022

0

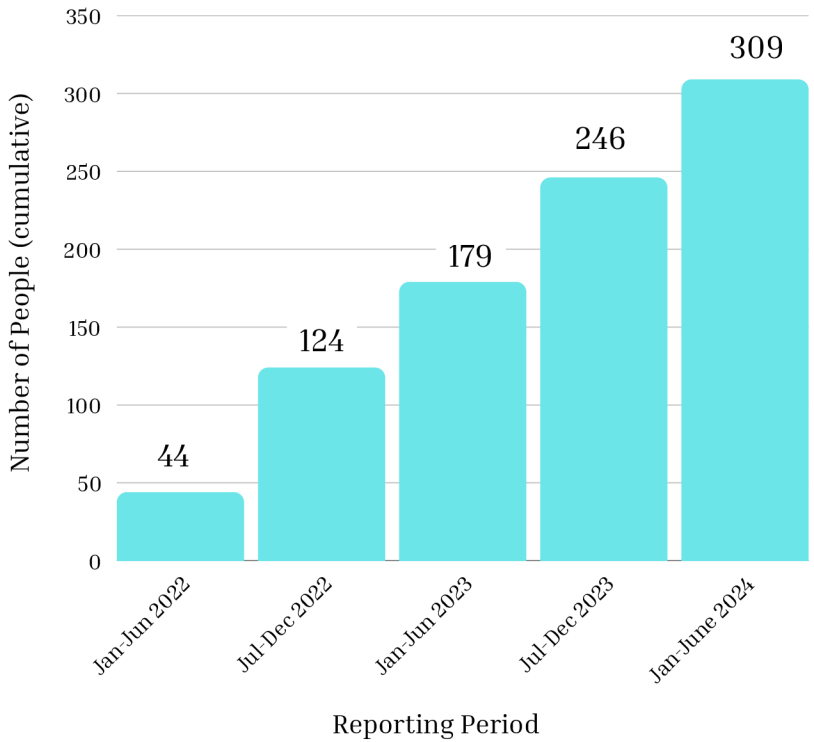
People identified as eligible for EHE HealthTec

EHE HealthTec

Enhancing telehealth services for medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and more.

Measurement 2.1.5.1

Number of people with HIV in the EMA who are identified as eligible for EHE HealthTec



TARGET

December 31, 2026

550

People identified as eligible for EHE HealthTec

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

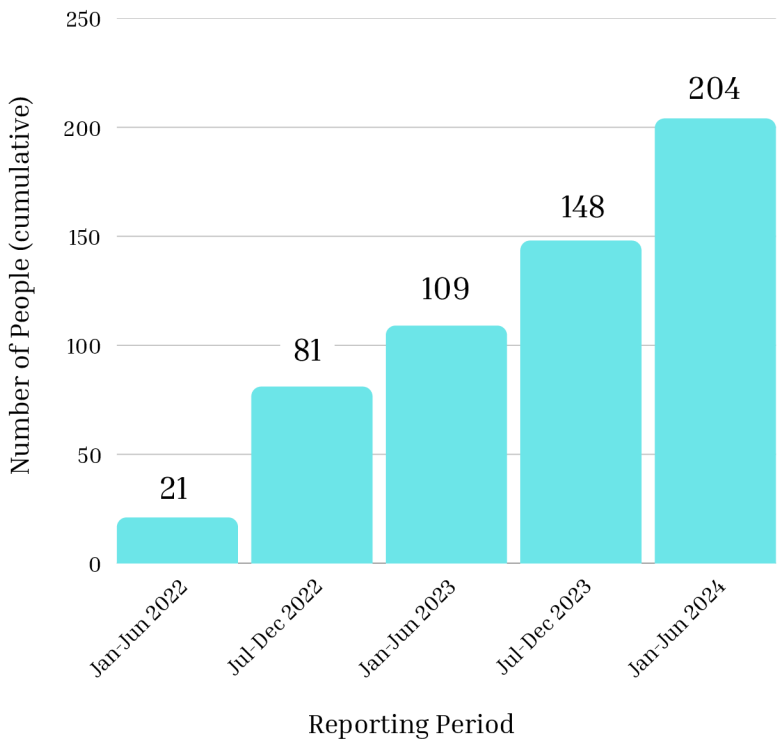
Strategy: Expand capacity and access to local TTRA.

Activity 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE
January 1, 2022

0
People enrolled throughout 5-Year performance period

Measurement 2.1.5.2
Number of people with HIV identified as eligible for EHE HealthTec who enroll in this process throughout the remainder of the five-year period of performance



TARGET
December 31, 2026

412
People enrolled throughout 5-Year performance period

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

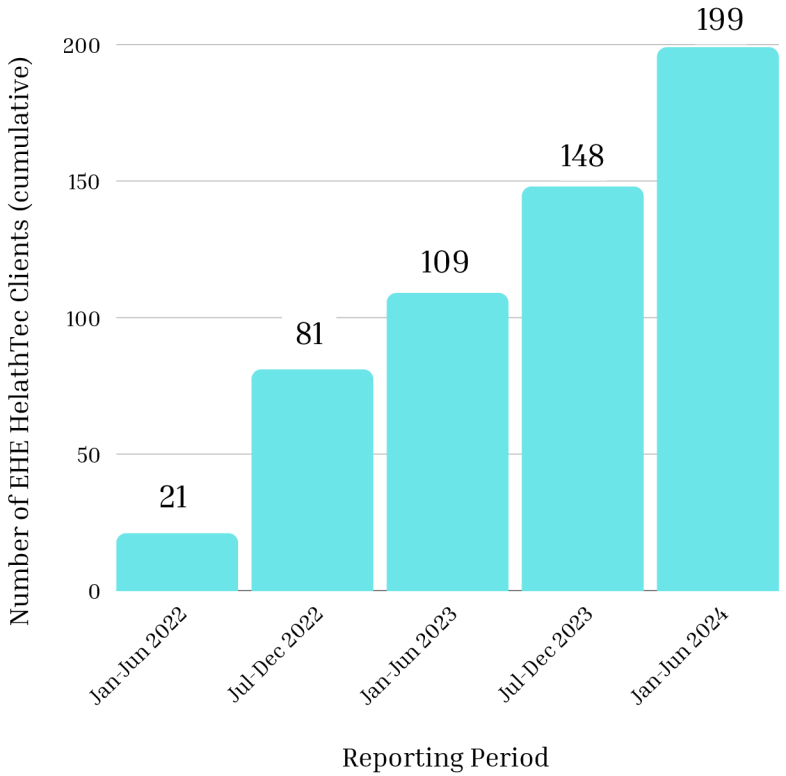
Strategy: Expand capacity and access to local TTRA.

Activity 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE
January 1, 2022

0
EHE HealthTec clients continuing the process

Measurement 2.1.5.3
Number of EHE HealthTec clients continuing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days of the initial client orientation date, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance



TARGET
December 31, 2026

330
EHE HealthTec clients continuing the process

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

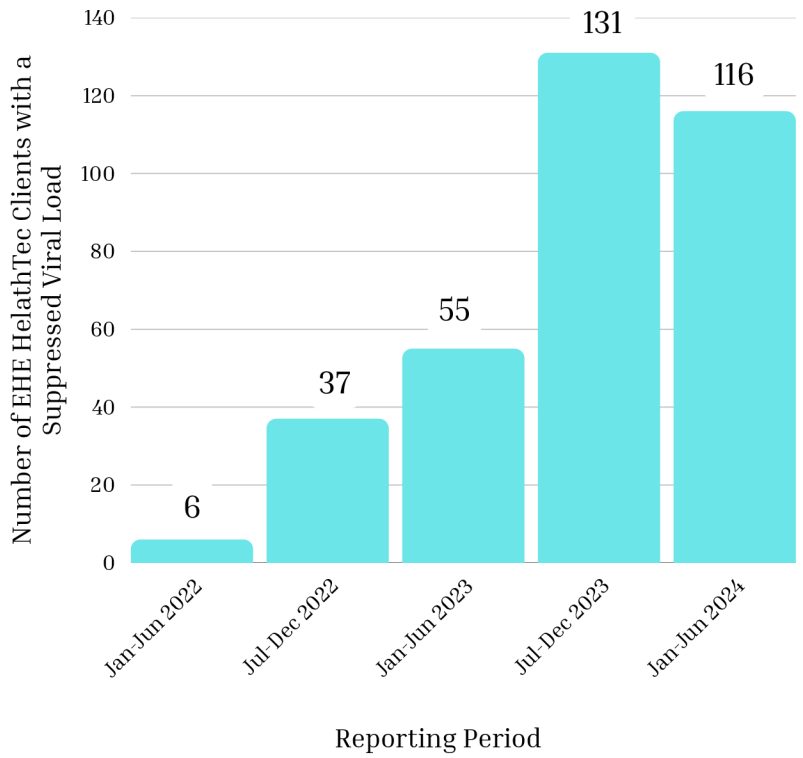
Strategy: Expand capacity and access to local TTRA.

Activity 2.1.5: Expand the use of telehealth (HealthTec) to agencies and clients to reduce barriers to care for eligible patients; (mobile units).

BASELINE
January 1, 2022

0
EHE HealthTec clients with a suppressed viral load

Measurement 2.1.5.4
Number of EHE HealthTec clients with a suppressed viral load at last viral load test during the measurement year



TARGET
December 31, 2026

297
EHE HealthTec clients with a suppressed viral load

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

Strategy: Expand capacity and access to local TTRA.

Activity 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

BASELINE

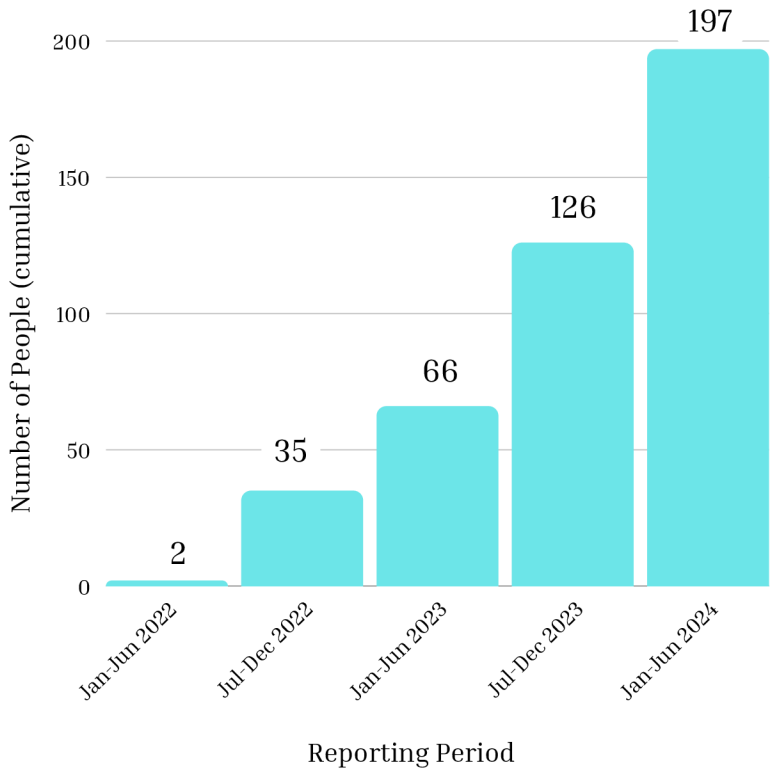
January 1, 2022

0

People who contact or are contacted by EHE Quick Connect team

Measurement 2.1.6.1

Number of people with HIV in the EMA who contact or are contacted by an EHE Quick Connect team



TARGET

December 31, 2026

430

People who contact or are contacted by EHE Quick Connect team

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

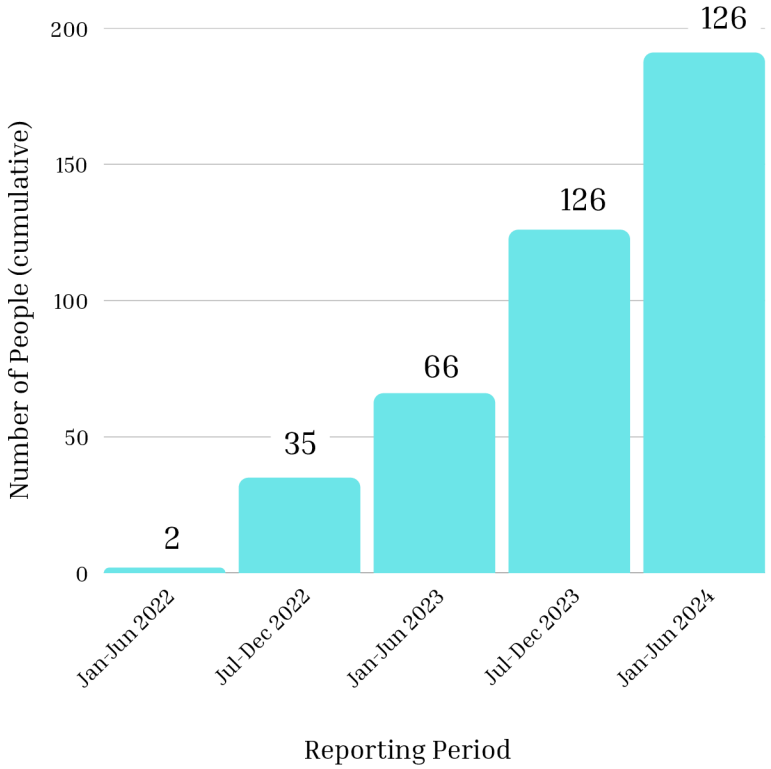
Strategy: Expand capacity and access to local TTRA.

Activity 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

BASELINE
January 1, 2022

0
People linked to medical care

Measurement 2.1.6.2
Number of people with HIV linked to HIV medical care in the RWHAP Part A/MAI; other community programs; or private insurance



TARGET
December 31, 2026

430
People linked to medical care

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Linkage to Care Objective 2.1: Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

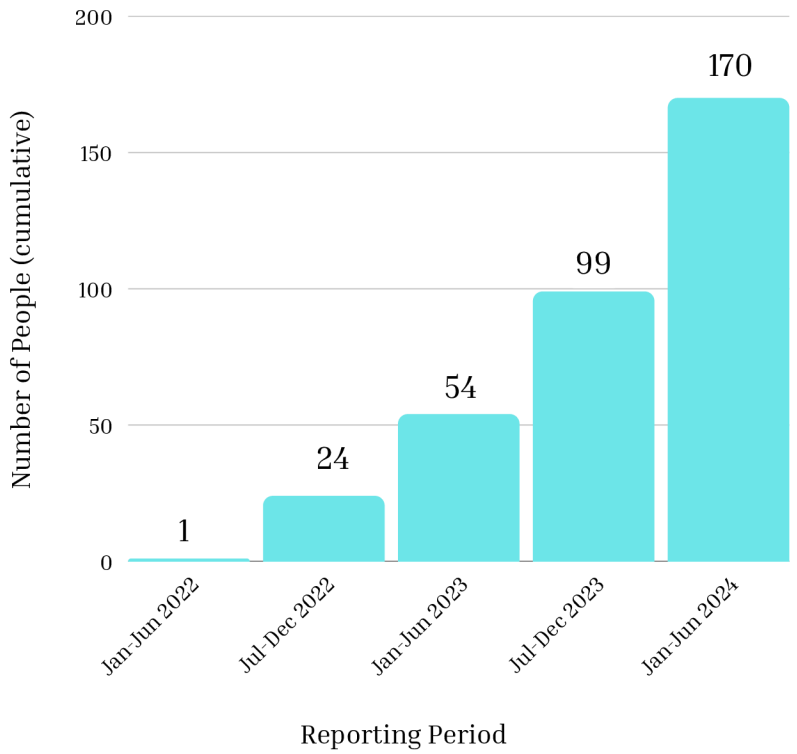
Strategy: Expand capacity and access to local TTRA.

Activity 2.1.6: Implement the use of RWHAP-EHE Quick Connect services in hospitals, clinics, urgent care centers, and emergency rooms.

BASELINE
January 1, 2022

0
Clients utilizing the EHE Quick Connect process

Measurement 2.1.6.3
Number of EHE Quick Connect clients utilizing this process (i.e., one or more medical visits, CD4 tests, or VL tests within 30 days or less, documented via follow-up with client or provider) throughout the remainder of the five-year period of performance



TARGET
December 31, 2026

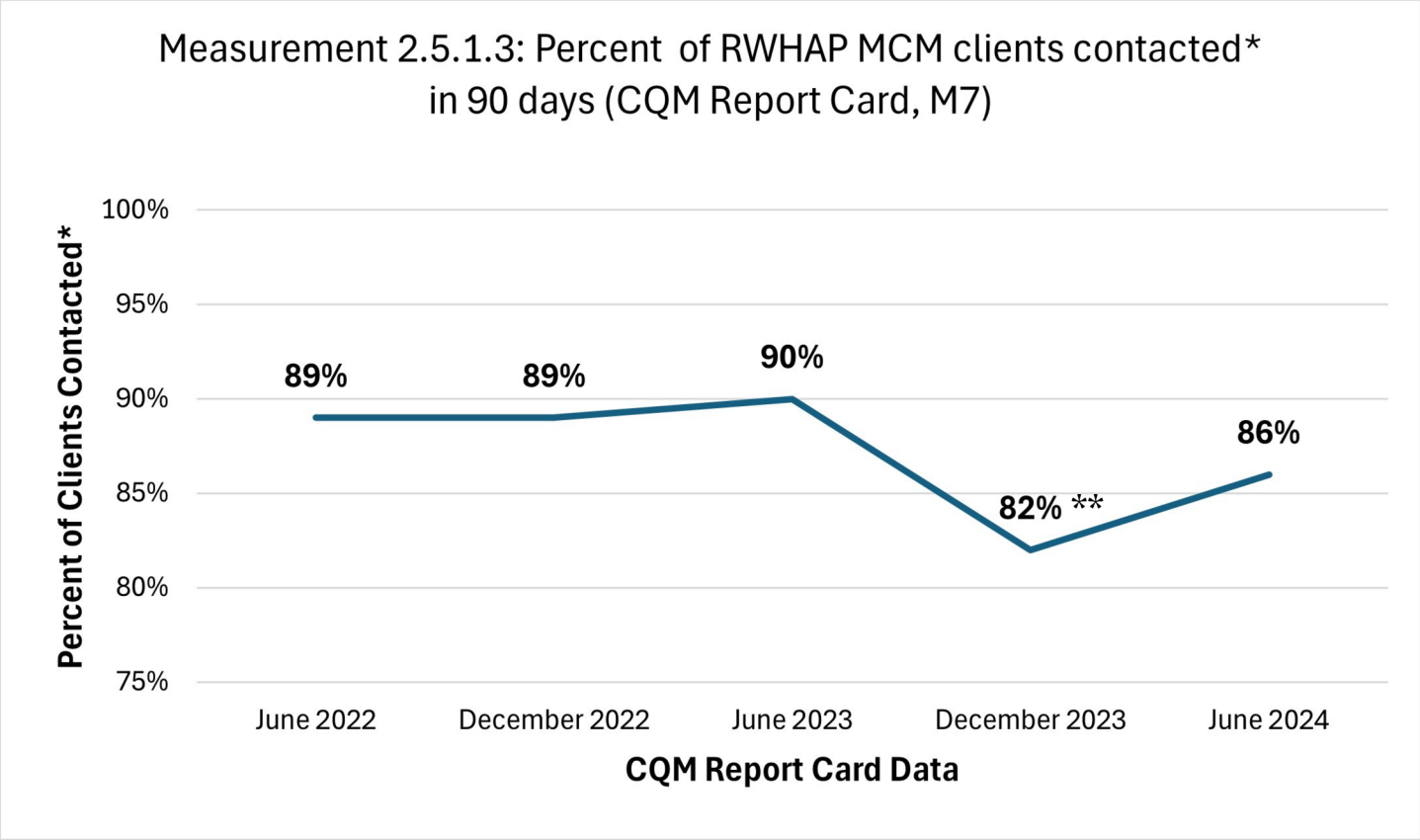
322
Clients utilizing the EHE Quick Connect process

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Retention in Care Objective 2.5: Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

Strategy: Identify and reengage clients in danger of being lost to RWHAP MCM care.

Activity 2.5.1: Establish early MCM lost to care trigger point warning in PE Miami at 60 days without MCM contact, and alert MCMs through PE-Miami



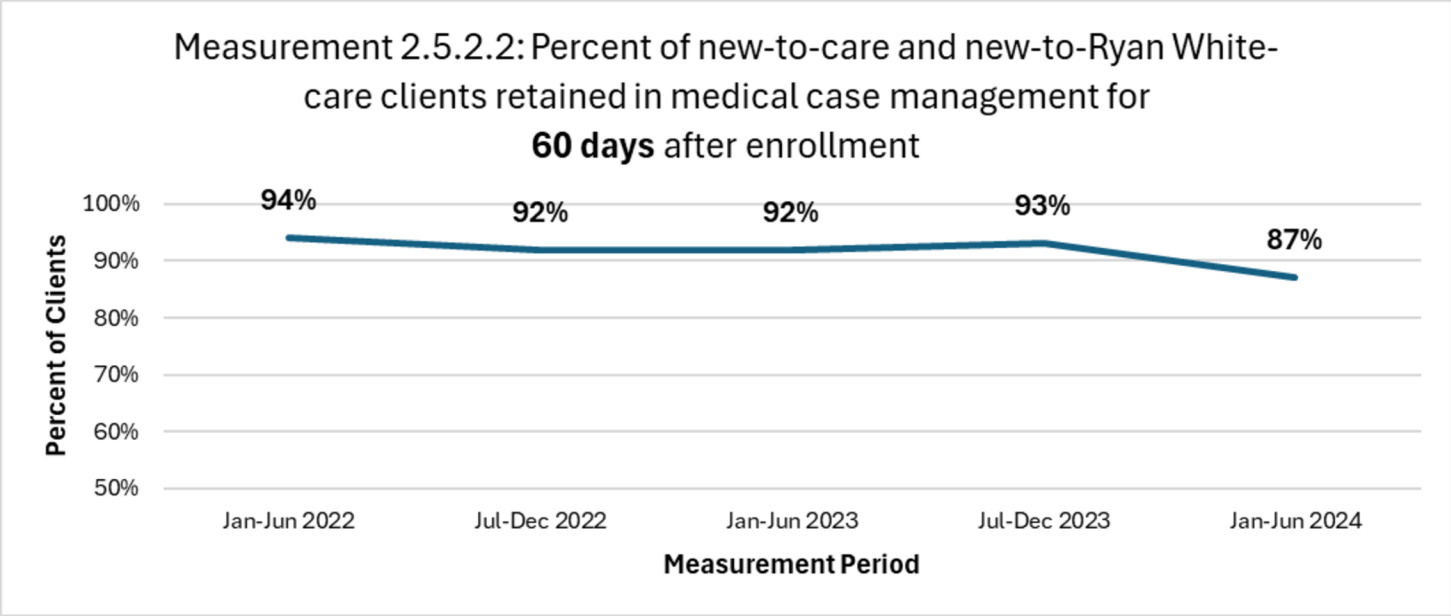
* The actual Measurement is written as the percent of clients "with no contact". Data is shown to reflect the inverse.
** Starting in December 2023 and going forward, Plan of Care (POC) was removed as a measurement for indicating client contact.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Retention in Care Objective 2.5: Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

Strategy: Identify and reengage clients in danger of being lost to RWHAP MCM care.

Activity 2.5.2: Retain a minimum of 75% of newly enrolled Ryan White clients in MCM for a minimum of six months (180 days) after enrollment in the Ryan White Program.



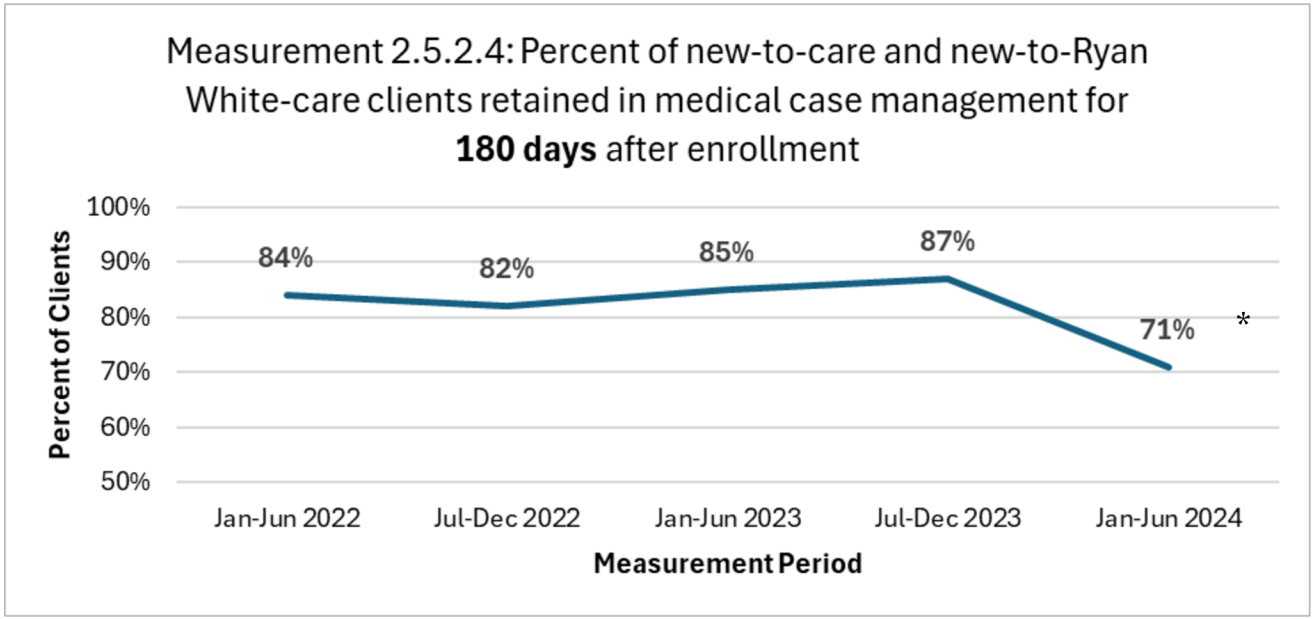
Measurement 2.5.2.1	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023	Jan-Jun 2024
Number of newly enrolled Ryan White-care clients retained in medical case management for **60 days** after enrollment	545	477	514	561	474
Total number of newly enrolled Ryan White-care clients	579	518	557	606	544

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Retention in Care Objective 2.5: Increase the percentage of people with HIV retained in RWHAP Medical Case Management from 89% in December 2022 to 95% by December 31, 2026.

Strategy: Identify and reengage clients in danger of being lost to RWHAP MCM care.

Activity 2.5.2: Retain a minimum of 75% of newly enrolled Ryan White clients in MCM for a minimum of six months (180 days) after enrollment in the Ryan White Program.



Measurement 2.5.2.3	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023	Jan-Jun 2024
Number of newly enrolled Ryan White-care clients retained in medical case management for **180 days** after enrollment	486	423	476	528	387
Total number of newly enrolled Ryan White-care clients	579	518	557	606	544

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Special Populations Objective 2.9: Improve health outcomes for adults over age 50 with HIV.

Strategy: Improve health outcomes for adults over age 50 with HIV.

Activity 2.9.1: Examine client outcome data specifically for persons over 50 in order to identify potential QI opportunities to improve service to this population.

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023	Jan-Jun 2024
2.9.1.1	Number of RWP MCM providers with identified 50+ sub-populations with RiMC rates below RWP system target rates	9	8	5	7	6
2.9.1.2	Number of RWP OAHS providers with identified 50+ sub-populations with RiMC rates below RWP system target rates	5	7	4	5	3
2.9.1.3	Number of RWP MCM providers with identified 50+ sub-populations with Viral Load Suppression rates below RWP system target rates	4	4	3	0	8*
2.9.1.4	Number of RWP OAHS providers with identified 50+ sub-populations with Viral Load Suppression rates below RWP system target rates	3	3	3	1	8*

VL Suppression
TARGET = 95%
December 31, 2026

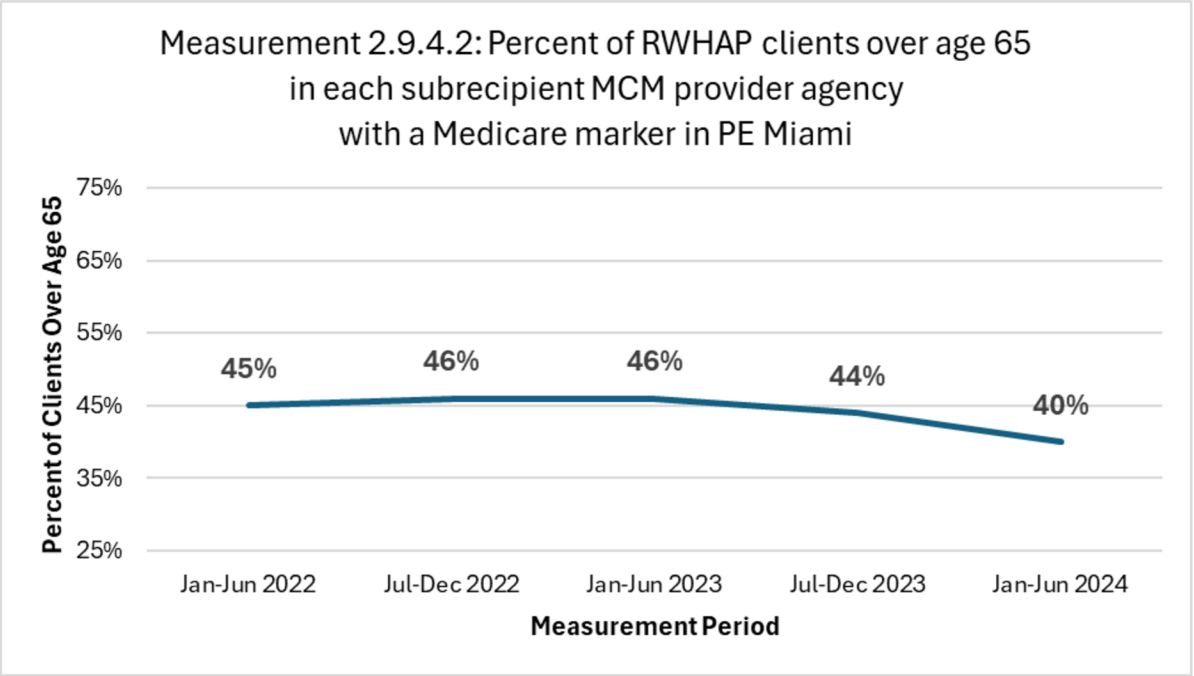
* This is based on the new 95% target for VL suppression. Previous numbers were based on a target of 90%. Four agencies have a VL suppression rate >90% but <95% for this period.

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Special Populations Objective 2.9: Improve health outcomes for adults over age 50 with HIV.

Strategy: Improve health outcomes for adults over age 50 with HIV.

Activity 2.9.4: Determine the need for Medicare transition assistance for RWP clients aged 65 and older.



Measurement 2.9.4.1	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023	Jan-Jun 2024
Number of RWHAP clients over age 65 with a Medicare marker in PE Miami	190	201	204	205	235
Total number of Ryan White clients over age 65	422	238	447	461	590

NHAS Goal 2: Improve HIV-Related Health Outcomes of People with HIV

Special Populations Objective 2.13: Improve health outcomes for MSM with HIV and co-occurring STIs in Ryan White Care.

Strategy: Expand existing programs and collaborations to address specific needs of MSM with HIV and sexually transmitted infections as co-occurring health conditions.

Activity 2.13.2: Identify barriers to care or below-average client treatment outcomes among MSM clients with STIs as co-occurring conditions.

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023	Jan-Jun 2024
2.13.2.2	Number of RWP MSM clients identified with STIs as co-morbidities	1653	1783	1811	1915	2031
2.13.2.3	Number of MSM/STI clients with an unsuppressed VL	155	159	159	114	140
2.13.2.4	Percent of MSM/STI clients with an unsuppressed VL	9%	9%	9%	6%	7%